|                                  |  |   | Effective De    | ecember   | 8, 2       | 004                                   | <b>1</b> E |                   |                        | 0/             | 55214        | <i>O</i>               |
|----------------------------------|--|---|-----------------|---|------------|---------------------------------------|------------|-------------------|------------------------|----------------|--------------|------------------------|
|                                  |  | CLAIMS AS FILED - PART I  |                 |   |            |                                       |            |                   | NTITY                  |                | OTHE         | R THAN                 |
| ŀ                                | IS NATION  | AL STAGE FEES   |                 | umn 1) ·  | Т          | (Column 2)                            |            | TYPE              | . [                    | _ °            | R SMALI      | ENTITY                 |
| -                                |  | TE STAGE FEET   | ·               |   |            |                                       |            | RATE              | FE                     | :              | RATE         | FEE                    |
| F                                | ASIC FEE   | <del></del>   |                 | SMALL ENT. = \$ 150   |            | RGE ENT. = \$ 300                     |            | BASIC FEE         |                        | $\neg$ $\circ$ | R BASIC FEE  | 2150                   |
| E                                | XAMINATION   | FEE   | (4) = \$        | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                  |            | other situations *<br>\$ 100 / \$ 200 | ]          | EXAM. FEE         |                        | 7              | EXAM. FEE    | 200                    |
| SI                               | EARCH FEE  | · · · · · · · · · · · · · · · · · · ·   | ALL other       | U.S. is ISA = \$50/\$100<br>ALL other countries =<br>\$ 200/\$400 |            | other situations =<br>\$ 250 / \$ 500 |            | SEARCH FEE        |                        | 7.             | SEARCH FEE   | 1/2/                   |
| ⊢                                | E FOR EXTRA  |   | mi              | minus 100 =   |            | / 50 =                                | 1          | X \$ 125 =        |                        |                | X \$ 250 =   | †                      |
| -                                |  | ABLE CLAIMS   | 2/ "            | ninus 20 =  | • ,        | 1                                     |            | X \$ 25 =         |                        | OF             | X \$ 50 =    | †                      |
|                                  | DEPENDENT (  |   |                 | minus 3 = .   |            |                                       |            | X \$ 100 =        |                        | OF             | X \$ 200 =   | 1                      |
| MULTIPLE DEPENDENT CLAIM PRESENT |  |   |                 |   |            |                                       |            | + \$ 180 =        |                        | OR             | + \$ 360 =   |                        |
| - 1                              | If the difference in column 1 is less than zero, enter "0" in column 2 |   |                 |   |            |                                       |            | TOTAL             |                        | OR             | TOTAL        |                        |
| _                                | ·  | OTHER THAN SMALL ENTITY OR SMALL ENTITY   |                 |   |            |                                       |            |                   |                        |                |              |                        |
| ENTA                             |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                 | HIGHE<br>NUMBI<br>PREVIOL<br>PAID FO                              | ER<br>JSLY | PRESENT<br>EXTRA                      |            | RATE              | ADDI-<br>TIONAL<br>FEE |                | RATE         | ADDI-<br>TIONAL<br>FEE |
| MENDMENT                         | Total  | •   | Minus           | <u> </u>  |            | =                                     | $\bot$     | X \$ 25 =         |                        | OR             | X \$ 50 =    |                        |
| AME                              | Independent  | •   | Minus           |   |            | =                                     | Ī          | X \$ 100 =        |                        | OR             | X \$ 200 =   |                        |
|                                  | FIRST PRES   | SENTATION OF N  | MULTIPLE DEPI   | ENDENT CL   | AIM        |                                       |            | + \$ 180 =        |                        | OR             | + \$ 360 =   |                        |
|                                  | •  |   |                 |   |            |                                       | •          | FFF               |                        | OR             | TOTAL ADDIT. |                        |
|                                  | · · ·  | (Column 1)  |                 | (Column   | 2)         | (Column 3)                            | -          |                   |                        | <del>.</del>   |              |                        |
|                                  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |                 | HIGHES<br>NUMBEI<br>PREVIOUS<br>PAID FO                           | R          | PRESENT<br>EXTRA                      |            | RATE              | ADDI-<br>TIONAL<br>FEE |                | RATE         | ADDI-<br>TIONAL<br>FEE |
|                                  | Total  | •   | Minus           | 40  |            | =                                     | Γ          | X \$ 25 =         |                        | OR             | X \$ 50 =    |                        |
|                                  | ndependent   | •   | Minus           | ***   |            | <b>-</b> .                            |            | X \$ 100 =        |                        | OR             | X \$ 200 =   |                        |
| 1                                | FIRST PRES   | ENTATION OF M   | JLTIPLE DEPE    | NDENT CLA   | MM         |                                       |            | + \$ 180 =        |                        | OR             | + \$ 360 =   |                        |
|                                  |  |   |                 |   |            |                                       |            | FFF               |                        | OR             | TOTAL ADDIT. |                        |
| - A                              | the "Highest Nur   | mn 1 is less than the<br>mber Previously Paid<br>mber Previously Paid<br>iber Previously Paid i | FOR IN THIS SPA | CE is less tha  | n 20.      | enter "20".                           | the a      | ppropriate box is | n column 1.            |                |              |                        |

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